# FORM D SEC Mail Processing

JUL 0 1 2008 Washington, DC

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

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OMB AP	OMB APPROVAL							
OMB Number:	3235-0076							
Expires:	April 30, 2008							
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Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Units of limited partnership interests  Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)  Type of Filing: New Filing Amendment  A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  LJW Capital Partners, LP
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)  Type of Filing: New Filing Amendment  A. BASIC IDENTIFICATION DATA
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Name of Issuer ( ) check if this is an amendment and name has changed and indicate change )
Light of 1220c. ( chock it mis is an ancionism and imme has changed and indicate change.)
LJW Capital Partners, LP
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
P.O. Box 33826, Fort Worth, Texas 76162 (817) 870-8887
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
(if different from Executive Offices)
Brief Description of Business
Real estate investments
Type of Business Organization
☐ corporation ☐ limited partnership, already formed ☐ other (please specify):
business trust
Actual or Estimated Date of Incorporation or Organization:  Month Year  Actual Testimated  Actual Description:  Actual Section of Incorporation or Organization:  Month Year
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State;
CN for Canada; FN for other foreign jurisdiction)
GENERAL INSTRUCTIONS  Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. of the manually signed copy or bear typed or printed signatures.



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Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form, Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

······································		A. BASIC IDENTIFIC	CATION DATA				
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>							
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	Executive Officer	Director	☐ General and/or  Managing Partner		
Full Name (Last name first, if inc List Consulting LLC	lividual)						
Business or Residence Address (	•						
P.O. Box 33826, Fort Check Box(es) that Apply:	✓ Promoter	Z Beneficial Owner	☑ Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if inc	lividual)						
List, John C. Business or Residence Address (	Number and Street City	State 7in Code)	·	<del> </del>	· · · · · · · · · · · · · · · · · · ·		
P.O. Box 33826, Fort	•	•					
Check Box(es) that Apply:	☑ Promoter	■ Beneficial Owner	☑ Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if inc Wallin, Jeremy	lividual)						
Business or Residence Address (P.O. Box 33826, Fort	_	•					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if inc	lividual)						
Business or Residence Address (	Number and Street, City,	State, Zip Code)		····			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner		
Full Name (Last name first, if inc	lividual)						
Business or Residence Address (I	Number and Street, City,	State, Zip Code)		······			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner		
Full Name (Last name first, if inc	lividual)				· · · · · · · · · · · · · · · · · · ·		
Business or Residence Address (I	Number and Street, City,	State, Zip Code)					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner		
Full Name (Last name first, if inc	lividual)						
Business or Residence Address (I	Number and Street, City,	State, Zip Code)					
	<del> </del>	<del></del>			<del></del>		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

_	B. INFORMATION ABOUT OFFERING		
		Yes	No
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?		$\boxtimes$
2.	Answer also in Appendix, Column 2, if filing under ULOE.  What is the minimum investment that will be accepted from any individual?	\$10	0,000
	· .		-
3.	Does the offering permit joint ownership of a single unit?	Yes	No ⊠
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		<b>.</b>
Ful	Name (Last name first, if individual)		
	N/A		
Bus	siness or Residence Address (Number and Street, City, State, Zip Code)		
Nar	ne of Associated Broker or Dealer		
Stat	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Ch	eck "All States" or check individual States)	. 🔲 All	States
	□ AL □ AK □ AZ □ AR □ CA □ CO □ CT □ DE □ DC □ FL □ GA □ HI	I 🔲 ID	
	☐IL ☐IN ☐IA ☐KS ☐KY ☐LA ☐ME ☐MD ☐MA ☐MI ☐MN ☐M	s □ MC	)
	☐MT ☐NE ☐NV ☐NH ☐NJ ☐NM ☐NY ☐NC ☐ND ☐OH ☐OK ☐OI	R □ PA	
	RI SC SD TN TX TUT VT VA WA WA WV WI W	Y 🔲 PR	
Ful	Name (Last name first, if individual)		
Bus	siness or Residence Address (Number and Street, City, State, Zip Code)		
Nar	ne of Associated Broker or Dealer		
Stat	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers		<u> </u>
(Ch	eck "All States" or check individual States)	. 🔲 All	States
	□ AL □ AK □ AZ □ AR □ CA □ CO □ CT □ DE □ DC □ FL □ GA □ HI		
	IL IN IA IKS KY ILA IME IMD IMA IMI IMN IM	ѕЁмо	)
	MT NE NV NH NJ NM NY NC ND OH OK O		
		Y   PR	
Full	Name (Last name first, if individual)	<u>- U · · · · · · · · · · · · · · · · · · </u>	· · ·
Bus	iness or Residence Address (Number and Street, City, State, Zip Code)		<del> </del>
Nar	ne of Associated Broker or Dealer		
	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Ch	eck "All States" or check individual States)	=	States
	□ AL □ AK □ AZ □ AR □ CA □ CO □ CT □ DE □ DC □ FL □ GA □ HI		
	☐IL ☐IN ☐IA ☐KS ☐KY ☐LA ☐ME ☐MD ☐MA ☐MI ☐MN ☐M	s □mo	)
	☐MT ☐NE ☐NV ☐NH ☐NJ ☐NM ☒NY ☐NC ☐ND ☐OH ☐OK ☐OI	R 🗌 PA	
	RI SC SD TN TX TUT VT VA WA WA WV WI W	Y   PR	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENS	ES A	ND USE OF PRO	CEEDS	<u> </u>
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$	0	\$	0
	Equity	<b>\$</b> _	No limit	<b>s</b> _	0
	☑ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	\$	0	<u> </u>	0
	Other (Specify)	s	0	s <sup></sup>	0
	Total	\$	No limit	<b>\$</b> _	0
	Answer also in Appendix, Column 3, if filing under ULOE.			_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number of		Aggregate Dollar Amount
	Access Pro- Art - A		Investors	_	of Purchases
	Accredited Investors		0	<b>\$</b> _	
	Non-accredited Investors.	_	0	<b>\$</b> _	0
	Total (for filings under Rule 504 only)	_		\$_	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	Type of offering		Type of Security		Dollar Amount Sold
	Rule 505			\$_	
	Regulation A	_		\$_	
	Rule 504			\$_	
	Total			\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			\$	
	Legal Fees		🛛	\$_	50,000
	Accounting Fees.	••••••	🛛	\$	25,000
	Engineering Fees			<b>\$</b> _	
	Sales Commissions (specify finders' fees separately)			<u> </u>	<del></del>
	Other Expenses (identify)	**********		<u> </u>	
	Total			<u> </u>	75,000

Question 1 and total expenses fur	e aggregate offering price given in respon nished in response to Part C - Question 4.a. The t issuer."	his difference is				<b>s</b> _	19,925,000*
used for each of the purposes show estimate and check the box to the let	djusted gross proceeds to the issuer used or m. If the amount for any purpose is not known of the estimate. The total of the payments linuer set forth in response to Part C - Question 4	own, furnish an sted must equal					
				Payments to Officers, Directors, & Affiliates			Payments To Others
Salaries and fees		🛭	<b>S</b> _	400,000*		*	
			_		$\boxtimes$	`—	18,825,000*
Purchase, rental or leasing and	installation of machinery and equipment		<b>s</b> _			· -	
· · · · · · · · · · · · · · · · · · ·	t buildings and facilities		<b>s</b>			\$	
that may be used in exchang	s (including the value of securities involved in ge for the assets or securities of another issuer	pursuant to a	\$			\$	
Repayment of indebtedness		🛛	s	300,000		\$_	
Working capital			<b>s</b> –	<u>f.</u>	$\boxtimes$	<b>s</b> —	400,000
Other (specify)			<b>s</b> –			\$	
Column Totals		🛮	<b>s</b> –	700,000	$\boxtimes$	<b>\$</b>	19,225,000
Total Payments Listed (column	Total Payments Listed (column totals added)			⊠ \$	19,9	25,00	00
	D. FEDERAL S	GNATURE					
	e signed by the undersigned duly authorized p U.S. Securities and Exchange Commission, u (b)(2) of Rule 502.						
Issuer (Print or Type)	Signature			Date			
LJW Capital Partners, LP	Coll.	. 5	>	June 25, 2008	i		
Name of Signer (Print or Type)	Title of Signer (Print or Type)						
John C. List	President and Chief	Executive Office	COT				

\* There is no limit to the offering size. The amounts shown above assume that the minimum \$20,000,000 of units are sold in the offering. The general partner of the issuer will be entitled to an annual management fee equal to 2% of the aggregate capital contributions of the limited partners.

## **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

END 5 of 8